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ABSTRACT

This document is comprised of the three 1999 issues of the newsletter "Access," presenting information on public policy and research of interest to school-based health programs (SBHC) for children and youth. The Winter 1999 issue focuses on how SBHCs can help teachers do their jobs better by allowing them to concentrate their energies on teaching rather than on their students' health concerns, and presents findings of the 1998 state survey of SBHCs. Also included is information on the "Making the Grade" Web site. The Summer 1999 issue describes the development of SBHC state associations and provides contact information, details the growth of an SBHC coalition in Illinois, and provides additional findings from the 1998 state survey of SBHCs. The Fall 1999 issue discusses the current role of SBHCs as enrollers for the State Child Health Insurance Program (CHIP) and their possible role as CHIP providers. This issue also lists Web sites of interest, and provides findings from the 1998 survey of SBHCs regarding school-based health centers. (KB)

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Access to Comprehensive School-Based Health Services for Children and Youth, 1999

George Washington University
School of Public Health and Health Services

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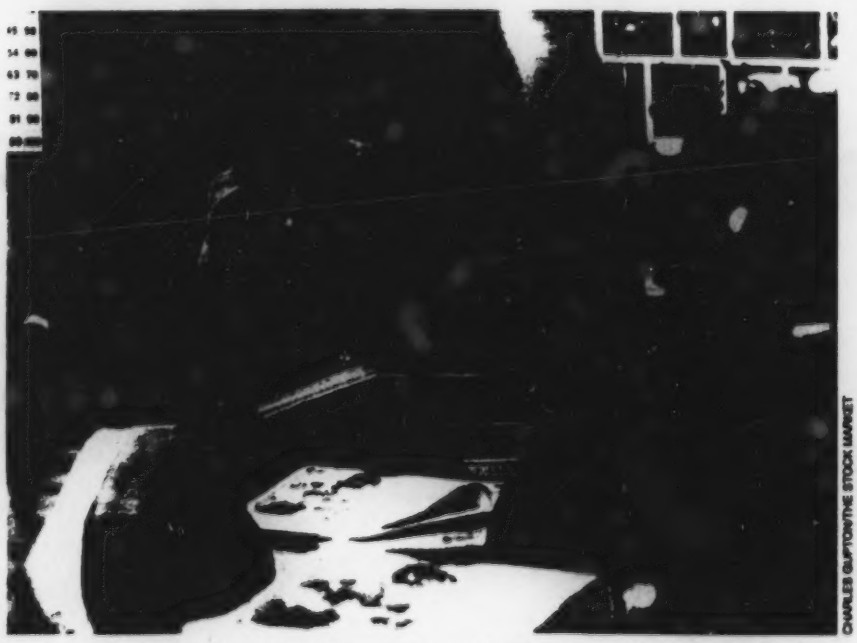
ACCESS

TO COMPREHENSIVE SCHOOL-BASED HEALTH SERVICES FOR CHILDREN AND YOUTH

SBHCs Are Making the Grade with Teachers

It was a problem that could easily have remained undetected. The girl in Tricia Raneri's homeroom class had good grades and a positive attitude toward school. The only sign that something was amiss was the fact that she rarely socialized with students her own age, recalled Raneri, who teaches seventh grade social studies at the Read School in Bridgeport, Conn. But a classroom presentation on adolescent depression by a social worker from the school-based health center made the girl see herself in a different light. A few days later, she sought counseling for depression at the health center. There, she met with a social worker, who referred her to a therapist.

"She was really able to turn herself around," Raneri said. "She became much more sociable with her own classmates and she blossomed in every other way." In the process, Raneri said, she learned a lot herself about depression and its manifestations. "I never would have recognized her problem because it wasn't in my field of expertise," she said. "I had no idea anything was wrong."



CHARLES GUPTON/THE STOCK MARKET

The support and services available from school-based health centers not only help students, but they can also help teachers do their jobs better by allowing them to concentrate their energies on teaching.

Inside This Issue

- 1998 State Survey of SBHCs
- What's New on the Web Site

In that same homeroom class was another student with more obvious problems—a boy who had attention deficit disorder and was hyperactive. Although he was taking medication, he threw temper tantrums nearly every day, and because of his disruptive behavior, he was constantly under suspension, Raneri noted. He also was failing almost all of his classes. Working with the boy's mother and his teachers, health center staff adjusted his medication and his dosage, ultimately reducing his tantrums to about once every two weeks, Raneri recalled. But the staff at the health center did more than that. They learned that the boy had family problems, including a sick parent and minimal supervision at home. "The health center worked with the student and the parents to help all of them get what they needed," Raneri explained. When the boy's father died the following school year, health center staff made sure he received help with his grief.

The two incidents illustrate how school-based health centers support not only students but also teachers who, despite their compassion and interest, may be ill-equipped to deal with their students' mental and physical health

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problems themselves. "It helps me out because I know that the students are getting the services they need," Raneri said. Even when those problems are small, teachers say that knowing a school-based health center is available gives them peace of mind. "They're sometimes minor things, but for a child who's coming into school and not feeling well, they're important," said Jane Purdy, a second grade teacher at the George Watts School in Durham, N.C. "I certainly did not feel comfortable treating these things myself."

SBHCs Can Help Keep Kids in School

A few years ago, at C.W. Otto Middle School in Lansing, Mich., a student with any type of medical problem had to report to the main office. There, school administrators contacted the student's family and made arrangements if the child needed to be taken home, said sixth grade science teacher Grace Haley.

Now, when students feel sick, they can visit the health center. Health center personnel also are authorized to dispense over-the-counter drugs such as aspirin, as well as medications for students with chronic conditions whose parents have made appropriate arrangements. For example, Haley teaches a boy with asthma who has a permanent pass to visit the center when he needs an inhalant. After his breathing is restored to normal, he can return to class. "The health center has really kept kids in school," Haley remarked. It helps, too, she said, that the health center provides wellness visits for all sixth-graders and offers counseling on nutrition, proper sleeping habits, and other health-related issues.

Purdy noted that teachers sometimes have to deal with contagious diseases, such as conjunctivitis. One of her students has a recurring problem with ringworm. Before the health center opened, "we had to figure out what to do with these kids and keep them away from everyone else" until the parents were contacted and the child could be taken home. Now, students whose parents have registered them with the wellness center are sent there directly for treatment. "At every opportunity I have with parents, I ask them to sign their children up," Purdy said. "I'm always pointing out the advantages for them and hoping they'll agree to fill out the form."

School-based health centers also are useful resources for teachers when they need information on problems that young people face, such as peer pressure, sexuality, or drug abuse. At the Read School, health center personnel periodically talk with whole classes of students, which is how Raneri's student wound up seeking treatment for depression. Other times, teachers say, just having health professionals nearby who can answer their questions is a great boon. "I go to the center and ask questions when I notice something unusual about certain students," Purdy commented.

School-based health centers also can prove extremely effective in times of crisis. Mary Aschenbrener, who teaches 10th and 12th grade history at Mission High School in San Francisco, recalled how she arrived at school early one day and in the hallway encountered a female student who was sobbing uncontrollably. Aschenbrener learned the girl had been raped that morning by a family member. "We were able to get the clinic involved, get the mental health program involved, and put all of those services immediately into effect to help her," said Aschenbrener, who at the time was running the school's attendance program. "What I still find amazing is that the girl came to school for help. That says a lot about how safe the students began to feel with the health center."

Given stories such as these, it's not surprising that many teachers who are aware of the services offered by school-based health centers find them valuable. In Flagstaff, Ariz., where the school system has school-based health centers, 32 of 40 teachers who responded to a recent survey said they believed the centers are "very" beneficial for their students; four others described the centers' services as "moderately" beneficial. "The feedback was that the school-based health centers are very good, very helpful and the teachers are sure glad that they're there," said Paul Brynteson, DPE, MPH, a professor at Northern Arizona University who conducted the survey. "I was hearing that verbally, and the survey confirmed it."

Praise was particularly high among schools that have a large proportion of students from low-income families. Without a school-based health center, teachers say, many of these children would lack access to adequate health care services. One teacher who responded to Brynteson's survey told of a student who missed 35 days of school because her mother kept her at home whenever she showed signs of sickness. The reason: She could not afford to pay for a doctor's visit; keeping the child at home, she believed, would prevent her from getting sick. After school officials convinced the mother to sign up with the health center, the girl's attendance improved markedly. "I like the idea of having medical care without a cost so [that] parents on limited budgets can access medical care early to prevent a long recovery time," the teacher wrote.

Success Requires Outreach to Teachers

Brynteson's survey, however, also showed that many teachers are unfamiliar with school-based health centers and the services they provide. "I think it's important for the centers to make sure that they market themselves well in the schools so that the teachers know about the availability of their services because the teachers are critical referral points," he said.

Health center staff often establish excellent working relationships with teachers. Nell Sanders, who teaches seventh and eight grade health and physical education at Jena Junior High School in Jena, La., said the health center personnel there make an effort to mingle with faculty and participate in school events. "They really try hard to be a part of the school," she said. At Otto Middle School, the health center's doors are open to people throughout the community, including teachers, which has helped foster good relationships between health center and faculty staff, according to Haley. One summer, she recalled, the health center staff "allowed me to shadow them for two weeks for a paper I was writing." Haley then used her new knowledge and insights to set up tours of the health center for her students, to better understand the science of health care.

Teachers say that they also feel it when health center services are cut back. At Jena Junior High, the health center was open five days a week last year, but this year it's only open 2.5 days, Sanders said. "I notice on the days

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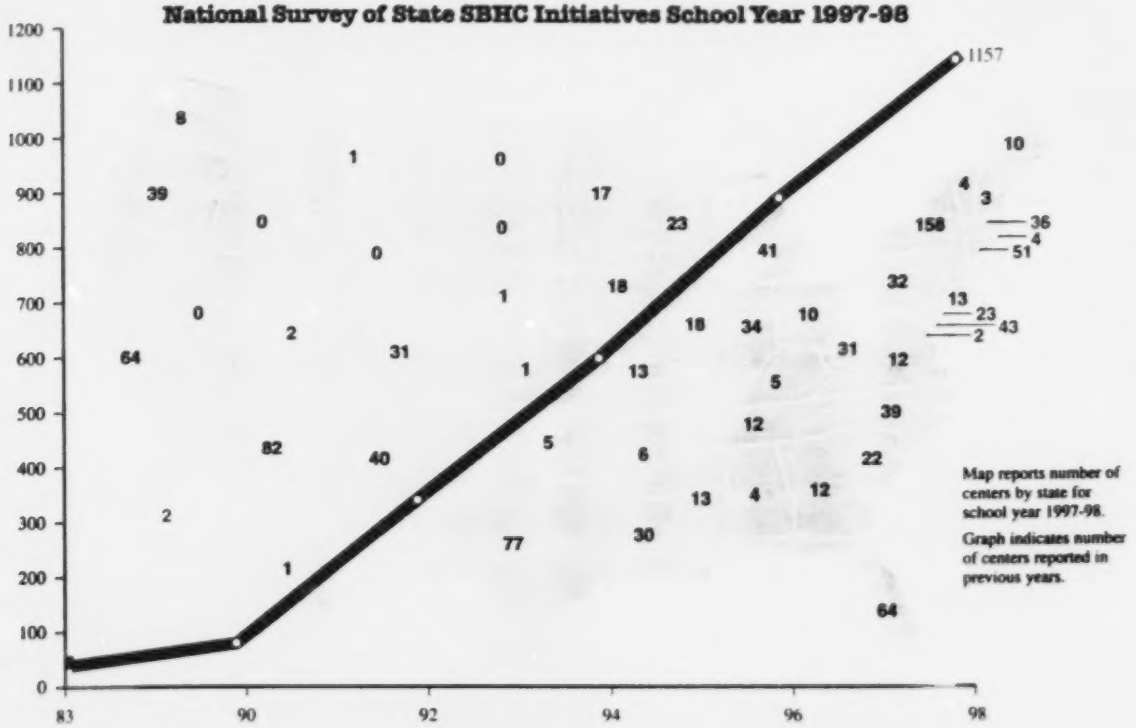
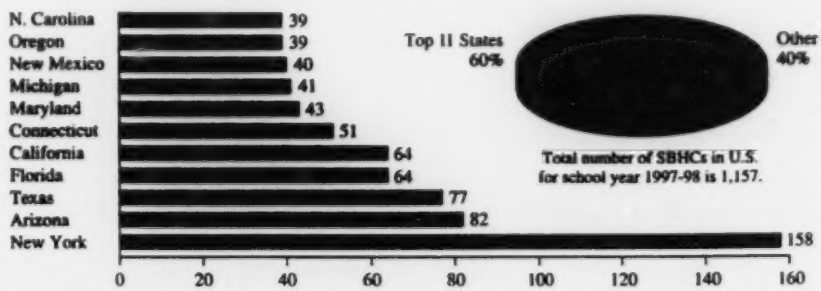
Overview of Making the Grade's 1998 State Survey of SBHCs

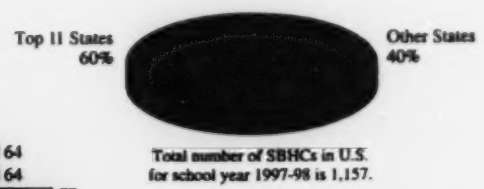
In 1998, Making the Grade surveyed 50 state governments and the District of Columbia regarding the number of school-based health centers, basic health center characteristics, levels of state financial support, and state policies relevant to the centers. The survey found that the number of SBHCs increased from 900 in the 1995-96 school year to 1,157 in 1997-98, a 29% gain. The following charts and graphs illustrate some of the major findings of the survey.

National Survey of State SBHC Initiatives School Year 1997-98



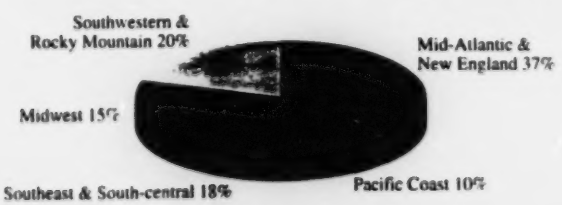
Top 11 States with SBHCs





Total number of SBHCs in U.S. for school year 1997-98 is 1,157.

Location of SBHCs by Region of the Country



Types of Schools Housing SBHCs

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What's New on the Making the Grade Web Site

The Making the Grade Web Site (www.gwu.edu/~mtg) features a "What's New" box that highlights the most recent additions to the site. Currently, the "What's New" box contains the following items of interest to school-based health centers:

- **Maryland School-Based Health Centers Brochure**
  A brightly colored introduction to school-based health centers in the state.
- **Tips for Collaborating with Public Radio Stations**
  An informative article that offers tips on establishing a relationship with your local public radio station as a means to promote your SBHC to the broader community.
- **Executive Summary of "Nine State Strategies to Support SBHCs"**
  Executive Summary of a recent paper by the Making the Grade program office that highlights the strategies employed by the program's nine grantee states to support SBHCs.
- **Child Health Expansions and SBHCs**
  Full text of a report from a MTG-sponsored workshop titled "The New Child Health Insurance Expansions: How Will SBHCS Fit In?"
- **Results from the 1998 National Survey of SBHCs**
  Full color charts and graphs demonstrating the findings of the 1998 National Survey of SBHCs.

In addition to these recently added items, the MTG Web Site maintains its regular features:

- **About Making the Grade**
  Background information on the Making the Grade grant program and on the national program office.
- **Grantees**
  Contact information for the nine MTG grantee states as well as state fact sheets, links to grantee web pages, and other useful information.
- **Publications**
  MTG online library containing the full text of back issues of ACCESS as well as ordering information and/or the full text of academic papers and journal articles on SBHC issues.
- **State Resources**
  State-by-state information including fact sheets, contacts for SBHC state coalitions, and links to state health department web sites.
- **SBHCNet**
  Registration form to join the school-based health center list serv, which currently hosts more than 400 participants.
- **School-Based Health Centers**
  Features a variety of materials and information on areas of interest to SBHCs such as communications, financing, managed care, standards and guidelines, etc.
- **Related Web Sites**
  Links to other web sites that may be of interest to SBHCs.

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that they're not here that those are the days when we have a student who is coming unglued and needs counseling, but it's not available," she said. The center, she added, "definitely makes a difference."

For Aschenbrener, the difference is even more dramatic. Mission High School's health center was a full-service clinic, with a mental health program and a strong community emphasis, and won national recognition, she said. But within two years of its opening, the center was closed down, due to what Aschenbrener described as "politics." "I've known two worlds," she said, "and it makes it very hard for me to provide an environment where I can let kids open up to me about what's going on in their lives, because I have nothing to offer them. I have no place to send them."

Sanders noted that teachers today often are in the position of playing multiple roles: counselor, parent, social worker. And middle school teachers especially are dealing with children at volatile stages of their lives, when they are more prone to social and emotional difficulties. That often means less time and energy left for teaching. "It's important for us to be able to concentrate more on our classrooms," Sanders said. "The health center takes some of the pressure off so that we can do that."

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TO COMPREHENSIVE SCHOOL-BASED HEALTH SERVICES FOR CHILDREN AND YOUTH

SBHC Associations Proving There is Strength in Numbers

The story of how the Maryland Assembly of School-Based Health Centers got some free political advice begins one day in March 1998, when legislative consultant Deron Johnson passed state senator Paula Hollinger's office on his way down a hall in a government office building in Annapolis.

"The poor man walked by Paula's door and waved to us and got sucked in—and for no money," says Pat Papa, CRNP, the past president of the Maryland assembly who was meeting with the senator at the time.

Within six months, Johnson had helped the Assembly resolve its thorniest issue. For various reasons, managed care organizations were failing to reimburse school-based health centers for services provided to clients of the state's Medicaid program, known in Maryland as HealthChoice. A bill to address the problem failed in committee, but an administrative solution was found through working with the state health department and friendly legislators.

Enlisting the services of someone like Johnson is one of the keys to educating legislators and state health departments about the needs of school-based health programs. But for the message to get through, says Papa, health centers must first band together in statewide associations like the Maryland Assembly of School-Based Health Centers, which Papa helped start two years ago.

There are now 14 SBHC associations nationwide, and communicating with legislators and community leaders is only one of their roles. Associations such as Maryland's provide technical assistance to health center staff, as well as an important means of bridging the worlds of managed care, state health departments, and school-based health.

The Role of Communication

Connecticut's school-based health centers formed their association in 1995. Medicaid had just begun to be administered through managed care organizations, and it became increasingly clear that contracts between managed care and the school-based health centers were few and far between. To resolve some of the difficulties, the state health department called a meeting in the fall of 1996 between representatives of the new association and members of managed care health plans.

"The plans thought we were talking about school nurses, but we were able to distinguish for them the difference between school services and school-based health," says Jesse White-Fresé, president of the Connecticut Association of School-Based Health Centers. "On the other side, we were able to understand their requirements and the language of managed care."

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LAURA STONE, PARSEY GROUP

Two of the student stars of a video on school-based health produced by the Connecticut Association of School-Based Health Centers.

Inside This Issue

- Illinois: A Case Study for Building an SBHC Coalition
- 1998 State Survey of SBHCs: Financing and Policies
- Contacts: School-Based Health Center Associations

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Subsequently, says White-Fresé, a number of contracts were drawn up between the plans and the school health centers. And the contracts reflected the plans' new-found understanding that requiring "prior authorization" for services would pose a barrier to care in the schools.

"We had explained that prior authorization for every headache and every stomach ache and every fever would be impossible for us to handle," says White-Fresé. "School-based health is about removing barriers, not about setting them up."

In New York, David Appel, School-based Health Program Director at the Montefiore Medical Center, tells of the New York association's efforts to include health centers as providers in the Medicaid managed care plans. There are representatives of the state health department, managed care organizations, and members of the boards of education and the mental health administration serving on three committees that are separately addressing issues of financing, clinical integration, and data collection and evaluation.

"We've tried to get people with experience in the school setting," Appel says. "The leverage we had with managed care was that the state health department mandated that they had to contract with school-based health centers, and this process gave us the opportunity to formulate what clinical services would be provided."

Legislative Goals through Education

In order to have an impact, the message that school-based health care is important must be repeated often and by as many people as possible, and an association of school-based health centers can help in that mission, says Sylvia Sterne, director of adolescent and school health at the Louisiana Department of Health and Hospitals.

"They (the Louisiana Assembly on School-Based Health Care) have been really good at holding open houses and press conferences to bring legislators and community members into school-based health centers," says Sterne. "And this has resulted in bringing in many opponents and turning them into friends."

The message of the importance of school-based health to Louisiana has always been "a great one," Sterne says. "We are giving access to health care to kids who don't get any. We are doing prevention to prevent more problems later. We are funding schools with the highest documented need."

In California, where a bill has made it past the initial hurdles and is being considered by the state senate, Georgiana Coray tells stories about the desert communities where children covered by the state's Medicaid program would have to travel 50 miles to see a doctor. "The kids have no way of getting there, so they come to the school health center, where their care is not reimbursed," says Coray, executive director of the California Association of School-Based/School-Linked Health Programs. "But the health centers had been cut out of negotiations with managed care because California thinks MediCal will cover kids, so they don't fund other sources of medical care."

From 1997 through 1998, with a $5,000 grant from the Kaiser Family Foundation, Coray traveled the length of California in a recreational vehicle (to save money), conducting focus groups and collecting data from school-based health centers. The information she gathered was valuable in her education efforts. "Policymakers want local statistics, and they want to be responsive to their own people," Coray says.

At the beginning of May, California's state assembly had tentatively approved a bill to provide $35 million in funding for school-based health centers over a

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five-year period. And school-based health is receiving support from policymakers in other states. A bill has passed both houses in the Texas legislature that would make school-based health centers part of the state's education code and require communities that opt for the centers to adhere to certain standards and procedures. The bill, which awaits only the governor's signature, would also require reimbursement from both Medicaid and private insurance carriers, and mandate cooperation between the state health and education departments.

In Louisiana this year, Governor M.J. "Mike" Foster, Jr., included school-based health care in his budget for the first time, increasing by $1 million the $2.6 million in state funds already earmarked for that purpose. (The state health department dedicates an additional $600,000 to school-based health from its federal MCH block grant.) Connecticut state legislators have tentatively approved funding for at least four new health centers. And in Oregon, the state senate is considering a bill that will replace funding for seven centers that had been operating on money from private sources.

Grassroots Beginnings

The success and popularity of the school-based health centers seems to be reflected in the response of community members when funding issues are considered by state legislatures.

"I sit down at my computer and bang out email messages to every one of our legislators telling them how much the centers are needed, but so do the parents, and the principals," says Sister Barbara Haase, president of the Oregon Network for School-Based Health Care.

From northeastern Oregon, on the other side of the state from Haase's Eugene office, public school superintendent Al Meunier of Pendleton wrote to Oregon State Senator Eileen Qutub in April: "In this era of diminishing access to health care, the clinic (at Pendleton High School) provides a vital service to all students, but especially to disadvantaged young people."

In recounting how school-based health became a priority in Louisiana, JoAnn Derbonne points to the efforts of individual health center staff working at the grassroots level. "The problem is that many people do not understand what school-based health is," says Derbonne, coordinator for school-based health at St. Francis Cabrini Hospital. "It takes time to explain that we are not trying to influence children in negative ways. We have to meet with school people, parents, business people, and we tell them how we can help."

Although the communication tasks are often carried out by the staff of Louisiana's individual health centers, seasoned members of the state assembly provide technical assistance on how to educate community members and school personnel, as well as guidance on services, structure and administration of a new health center.

Finding a Way to Survive

State associations have been creative in their efforts to become viable. Some, like the one in Connecticut, have obtained funding from health departments to help them organize and apply for grants; others, like the ones in Illinois and North Carolina, have grafted themselves on to organizations with similar missions, such as maternal and child health advocacy groups. Still others are run with volunteer staff, hoping to obtain a grant once they have proven their worth.

With funding from the state's Department of Public Health, the Connecticut association has been able to hire experts to help not only with developing a strategic plan, but also to assist in organizing the association and assuring its survival. The Parisky Group, a company in Hartford that offers planning and management consulting services, began working with the Connecticut association in October 1997.

"We organize meetings, help with strategic planning and setting goals and objectives, and discuss funding resources for the future of the organization," says Jean King, senior development officer for the consulting company. "In many ways, we're cost effective. Right now, the association does not have to have an office or a telephone, although we're helping them with a funding proposal. And, they are moving toward independence."

Illinois: A Case Study for Building an SBHC Coalition

When Brenda Bannor and seven of her colleagues from other school-based and school-linked health centers met in Illinois in 1996, they had been called by state health officials to talk with health plan leaders about how the state's 14 health centers could survive the Medicaid program's movement into managed care.

"We didn't come together with the goal of forming a coalition," Bannor says. "Instead, we were looking for moral support and were interested in sustainability."

But as the meeting progressed, Bannor and her colleagues began to talk about their concerns as administrators of health centers in schools throughout the state, and it occurred to them that an association might help address many of their common problems.

"I kept telling them that if they worked together as a unit they would get farther," recalls Judy Redick, administrator for adolescent and school health programs in the Illinois Department of Human Services, who had called the meeting. "I told them they could be their own best marketers."

That gathering in a downtown Chicago office turned out to be the first meeting of what would eventually become the Illinois Coalition for School-Based/Linked Health Centers.

From Seven to 175

When Bannor describes the process that took the organization from a group of seven to a mailing list of 175, she says it "just sort of happened." But the details of her story seem to reveal a lot of hard work. After a brainstorming session, the seven founders decided they wanted to draw in groups with an interest in child and adolescent health.

"We sat around the table and put together a list of the school-based and school-linked health centers and the other types of groups we wanted to invite," Bannor says. "We decided we wanted people interested in child and adolescent health, so we invited advocacy groups, the Department of Health, PTOs (parent-teacher organizations), and education groups."

Buoyed by the support of two advocacy groups—the Ounce of

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Prevention Fund and Aunt Martha's Youth Service Center, Inc.—the seven founders divided up the names on their list and started calling. Then they followed up with a letter explaining their mission.

Six months after the original planning meeting, a meeting of the coalition drew 40 people, who followed the procedure adopted at the first meeting. They wrote down the names of people who could be of help to the organization. Again the list was divided up, and each participant left with an assignment to call and write a certain number of people on the list.

As the group grew, meetings were called to discuss the first order of business. "There was not a lot of argument," Bannor says. "We wanted to get the word out about who we were; we wanted to figure out a way to keep going; and we had to decide what to call ourselves."

Working together, the participants prepared a position paper that defined school-based health centers and their role in providing health care to children. The paper also described the threats to the survival of the fledgling system of care.

"We used it to send to funders and to legislators," Bannor says. "It was also a way of showing managed care that our services were viable and necessary."

Setting an Agenda for Action

In the beginning the group began working with managed care organizations (MCOs) and the state to develop standards for the centers that would meet the standards of the MCOs.

"Through the process, the health centers kept getting stronger as a group," Redick says. "And about two-and-one-half years ago, they began the process of forming a coalition."

The Illinois Coalition for School-Based/Linked Health Centers still has little funding of its own, Bannor notes, but it does have "a financial home" and a director. The Illinois Maternal and Child Health Coalition, which has a similar mission to that of the coalition, has provided support for the part-time staff position, and is helping the association with some of its administrative tasks. "We felt this was an appropriate home for us," Bannor says.

Armed with staff and a formal corporate structure, the group has been able to communicate with state legislators and work more closely with state agencies. The school-based/linked health centers also have worked to overcome turf issues that once might have made meetings uncomfortable. "We are getting people in the same room and not feeling that competitive feeling," Bannor says. "It feels very good to have allies and friends now who want to see everyone else succeed."

The coalition's most visible success has been in changing the way school-based health centers are funded in Illinois, according to both Bannor and Redick. "We've done things that blew me away," Bannor says. The state's original policy was to fully fund a center in the first year, and decrease funding by one-third for the next two years. After the third year, the state would expect the center to find funding for at least two-thirds of its budget. The coalition worked with the Department of Human Services to help it understand that additional funding was critical. Now the policy is that the centers are fully funded in the first year and by the third year are held constant at half of the first year's allocation.

"They went to my boss and explained about (the reduction in) Medicaid reimbursement because of HMOs and that they could not function," Redick says. She notes also that the coalition has worked with the Departments of Public Aid and Human Services to obtain a special code for health centers so they can bill directly for a Medicaid-covered child, without going through managed care. In cooperation with managed care plans, the coalition has also developed standards for the establishment of health centers that will allow future centers to bill MCOs for services.

Making the Grade

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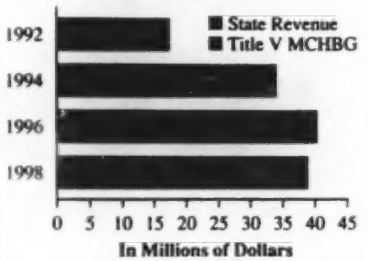
Information from Making the Grade's 1998 State Survey of SBHCs

School-based health centers are located in 45 states and the District of Columbia. States reporting no SBHCs are: ID, NV, ND, SD and WY.

State Directed Monies Spent on SBHCs



State Policies on SBHCs, Medicaid and CHIP

	YES	NO
SBHCs may participate in Medicaid	43	3
SBHCs may participate in CHIP	39	4
State has taken specific measures to encourage SBHC participation in MMC	28	18
State has taken specific measures to encourage SBHC participation in CHIP	27	19
SBHCs may participate in managed care PCPs	35	10
SBHCs or sponsors have contracts with health plans	22	33

State Policies Supporting SBHCs

	YES	NO
State office charged with supporting SBHCs	24	22
State law permits NPs to serve as PCPs	40	5
State has targeting guidelines for state-funded SBHCs	17	29
State has operating standards for SBHCs	23	23
Voluntary	15	
Required	8	
State licenses SBHCs	7	39

ACCESS

TO COMPREHENSIVE SCHOOL-BASED HEALTH SERVICES FOR CHILDREN AND YOUTH

SBHCs Serve as CHIP Enrollers; Working to Become CHIP Providers

School-based health centers are a critical entry point for children who are eligible for the nation's new federal health insurance program for children, says Doris Barnette, principal advisor to federal HRSA administrator Earl Fox. "It is almost a no-brainer that the health centers would offer an excellent case-finding mechanism," she says.

Staff and administrators at school-based health centers across the country share Barnette's view, and many have begun enrolling children in the new State Child Health Insurance Program (CHIP). At the same time, centers are eager to assume a larger role under CHIP as providers, but some states may be under-utilizing them in this capacity, according to a new study, *Adolescents and the State Child Health Insurance Program: Healthy Options for Meeting the Needs of Adolescents*, funded by HRSA's Maternal and Child Health Bureau.

In 1997, Congress created CHIP and earmarked more than $20 billion over a five-year period to provide coverage for the nation's uninsured low-income children. Of the estimated three million children eligible for the program, approximately 1.3 million have been enrolled, leading critics to charge that states are not devoting enough energy to this task. Barnette counters that many states are just launching their CHIP programs and need more time to reach favorable enrollment levels. Nonetheless, the challenges SBHCs face in enrolling eligible children in CHIP provide a window on the difficulties states confront in making sure CHIP covers the children for whom the program was designed. And the story of SBHC's struggle to become CHIP providers illustrates the difficulties that safety net providers may encounter in trying to expand provider access within this new insurance program.

SBHCs Offer CHIP Enrollment Lessons

Outreach is universally recognized as the key to signing up children for CHIP, and SBHCs have found they must do a significant amount of handholding to help parents through the process. Some parents are fearful of government programs, do not always understand the value of health insurance, and are confused by the application process. The level of effort required to address these challenges is often at odds with the amount of money states are offering SBHCs and other entities to conduct enrollment.

Continued on next page

Inside This Issue

• Making the Grade Local Partners: Data from 42 School-Based Health Centers

Fast Facts on Children's Health Insurance

- In June 1999, states had enrolled an estimated 1.3 million children into CHIP (Kaiser Commission on Medicaid and the Uninsured) out of an eligible pool of approximately 2.9 million children (The Urban Institute).
- The number of children in the U.S. without health insurance increased by 330,000 to a total of 11.1 million in 1998—or 15.4% of all children under age 18 (U.S. Census Bureau).
- Poor children under six years old experienced the greatest increase in uninsurance—from 20.1% in 1997 to 23.6% in 1998 (U.S. Census Bureau).
- In 1998, an estimated 4.7 million children were Medicaid-eligible but not enrolled in the program (HCFA, DHHS).
- Between 1997 and 1998, the number of children enrolled in Medicaid fell by about 409,000 to 14.3 million (U.S. Census Bureau).

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Continued from page 1

"Outreach costs money," says Deborah Costin, executive director of the Colorado Association for School-Based Health Care. In a study of two SBHCs and their experience enrolling children in the state CHIP, the association found that success requires people who are rooted in the community and who know all the rules of filling out an application, Costin says. "It takes expensive, well-trained manpower. But we have not lost hope. We are in the infant state of this thing, and we hope to find a more efficient way of enrolling children, and to become better at collecting the reimbursement (for enrolling them)," she says.

"We are aware of the challenges and that the program will probably not cover the cost of providing services. But we care about the children having health insurance and having a provider, whether in the center or in the community. And if they can be enrolled and have a provider, we support that, regardless of who it is."

Jenni Jennings

The experiences of Louisiana's SBHCs in enrolling CHIP eligibles illustrates challenges that many states face in making parents aware of and comfortable with the program. In February, the state offered a well-attended training session for SBHC staff on CHIP enrollment, where a number of problems were revealed. Staff reported that parents were not completing the forms, or that they did not trust the system enough to enroll their children. Sometimes the parents did not understand the new program, and had not heard about it from other sources. One barrier was the requirement that the applicant supply information on the father. Another was that often the SBHC did not have the manpower to properly follow up on the enrollment process. The staff also reported that the state was slow to reimburse the centers for enrolling students, and that fewer than half the applications sent in had been accepted. (The SBHCs are paid $14 for each application, but only for those that the state accepts.)

"School-based health centers are ideal for enrolling students," says Maureen Daly, M.D., medical director for adolescent and school health in the Louisiana Office of Public Health. "But it is clear from our survey that they are overwhelmed with so much to do. We are going to look at the barriers they described and see what we can do to address them."

In Colorado, where about one-third of the 60,000 eligible children have been enrolled in CHIP, SBHCs have had to be creative to compensate for their lack of funds for outreach, says Betty Pepin, president of the Colorado Association for School-Based Health Care. She notes, for example, that front office staff who live in the community are being used to spread the word about CHIP and enroll children. "They know the families and the families trust them," says Pepin. "It would be wonderful to have extra outreach people to assist with the application. Unfortunately, most SBHCs do not have the resources to hire extra people."

The importance of outreach workers is well recognized in Connecticut, where they are on staff at many SBHCs. Enrollment for CHIP (known in the state as HUSKY Part B) has consequently seemed like a natural progression of their work, says Jesse White-Fresé, president of the Connecticut Association of School-Based Health Centers. SBHCs certainly enter into this arena with the advantage of experience in outreach strategies.

Michelle Nelson, who enrolled about half the uninsured children at Bridgeport's Read Middle School in either Medicaid or HUSKY Part B during her three years as an outreach worker, notes that, "Just sending information home in a kid's backpack isn't going to work. Many times families will just take the papers and chuck them away. We found we had to do a lot of direct contact with the parent. We went out to the homes and we made presentations at meetings of the Parent Advisory Council and other meetings."

Overcoming Parental Resistance: The Teachable Moment

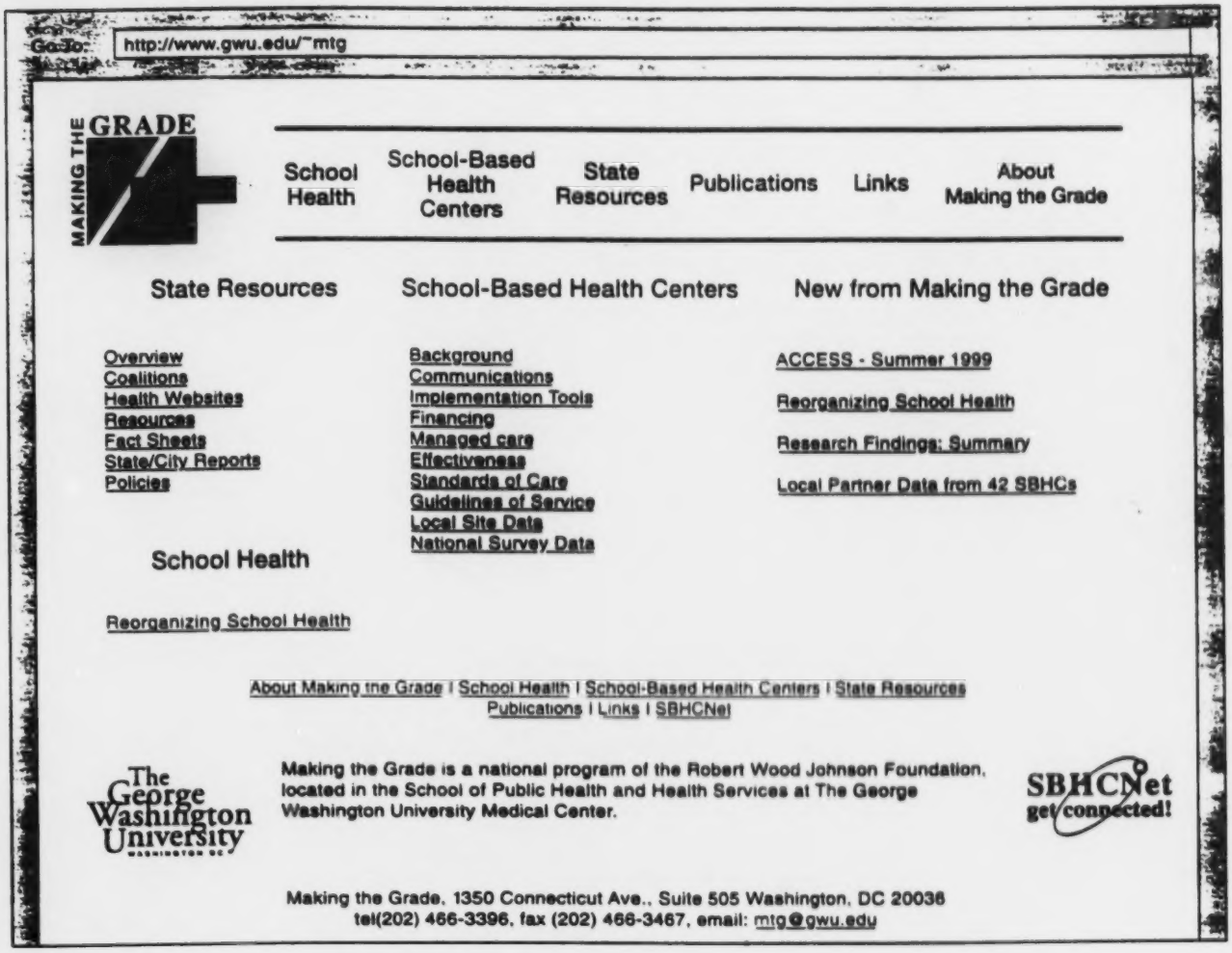
In Michigan and Colorado, SBHC staff have encountered parents who are either unfamiliar with the concept of insurance, or forego the payment of nominal premiums or copayments in favor of other living expenses. Michigan health officials have wondered at the low number of people enrolling in its CHIP program, MIChild—applications have been approved for about 44 percent of the 46,000 eligible children in the state. "Some of it is attributed to backlog," says Kathleen Conway, director of the School-Based Health Initiative for the Henry Ford Health System. "But we hear that families either think they don't need to spend even $5 a month to insure a healthy child, or they don't want a handout."

Parents do not always jump at the opportunity to sign their children up for health insurance for which they must often pay a monthly fee and, perhaps, a co-payment. Colorado, for example, has found that the best time to discuss enrollment is either when a child is sick, or when a bill for services is due. "We've found the centers that are most successful at enrolling kids are the ones that charge for their services," says Costin. "If the kid is sick and services are free, the parents ask 'why should we pay $18 a month?' Then we say, 'your son could use a specialist or end up in the hospital, and the services won't be free.' We call it the teachable moment.

"People who are living day to day don't think of paying today for something they don't need today, or may not ever need in the future," says Costin. "It is difficult to educate them on the concept and value of insurance. And they then have to take responsibility for sending in a coupon with a payment every month."

Recently, in Adams County, the Colorado SBHC association held a meeting to encourage other service providers to help enroll children in the state's CHIP program, known as CHP+. Among the organizations represented at

Continued on page 4



Get Connected!

This summer, we reorganized our award-winning* Making the Grade Web site and posted some new reports and articles on it. In addition, we are expanding the school health services section and are planning to add an e-journal focused on that topic. Please visit the site (www.gwu.edu/~mtg) and let us know what you think of the new format.

If you would like to receive an e-mail alert from us when new material is posted on the MTG Web site, please let us know. You may either send an e-mail request to mtg@gwu.edu or you may complete the following form and fax it back to us. Your e-mail address will be used for no other purpose than to alert you to new material on the Making the Grade Web site.

Name _____

Organization _____

Phone _____

E-mail address _____

Please fax this information to 202-466-3467 or e-mail it to mtg@gwu.edu

*We are happy to report that the MTG Web site has been selected for inclusion in StudyWeb (www.studyweb.com), a leading collection of educational Web sites.

Please See Other Side

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School-Based Health Centers and the World Wide Web

The following is a list of Web sites that may be of interest.

School-Based Health Centers
Making the Grade (www.gwu.edu/~mtg)
National Assembly on School-Based Health Care (www.nasbhc.org)
Bureau of Primary Health Care's Healthy Schools. Healthy Communities (www.bphc.hrsa.dhhs.gov/hshc/HSHCfact.htm)

School Health - General
Centers for Disease Control, Division of Adolescent & School Health (www.cdc.gov/nccdphp/dash)
National Association of School Nurses (www.nasn.org)
National Conference of State Legislators (www.ncsl.org)
National School Board Association (www.nsba.org/schoolhealth)
School health at the American Academy of Pediatrics (www.schoolhealth.org)

Child & Adolescent Health - General
American Academy of Pediatrics (www.aap.org)
Society for Adolescent Medicine (www.adolescenthealth.org)
Urban Institute (www.ui.org)

Child & Adolescent Health - Data
Child Trends, Inc. (www.childtrends.org)
Kids Count (www.aecf.org/aeckids.htm)
Trends in the Well-Being of America's Youth & Children (aspe.os.dhhs.gov/hsp/97trends/intro-Web.htm)
Youth Indicators (nces.ed.gov/pubs/yi)

Children & Adolescent Health - Policy
Children's Defense Fund (www.childrensdefense.org)
Children's Partnership (www.childrenspartnership.org)
Southern Institute on Children & Families (www.kidsouth.org)

Children & Adolescent Health - Family & Community Input
Community Toolbox (ctb.lsi/ukans.edu/)
Families USA (www.familiesusa.org)

Health Policy - General
Alpha Center (www.ac.org)
Center for Health Care Strategies (www.chcs.org)
Center for Health Policy Research (www.gwumc.edu/chpr)
Center for Studying Health System Change (www.hschange.com)
The Robert Wood Johnson Foundation (www.rwjf.org)

Do you know of other Web sites that may be of interest to SBHCs? If so, please let us know by listing the sites below and then faxing this page back to us at 202-466-3467, or by sending an e-mail to mtg@gwu.edu.

Organization _____ Web Address _____

Organization _____ Web Address _____

Organization _____ Web Address _____

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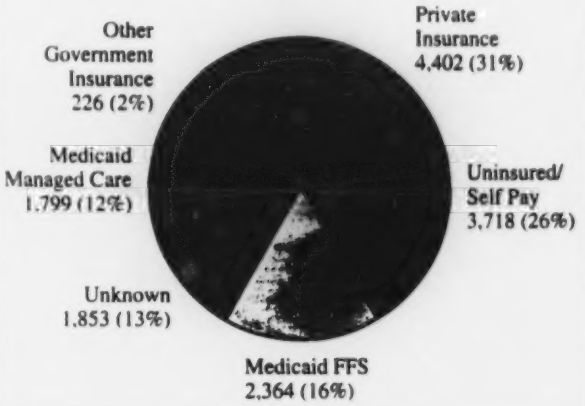
Making the Grade Local Partners
Data from 42 School-Based Health Centers, Fall 1998

Total Student Enrollment in 42 Schools Housing SBHCs
(n=36,079)

Patient Visits by Payment Status
(n=24 schools)


Other Government Insurance 226 (2%)
Private Insurance 4,402 (31%)
Medicaid Managed Care 1,799 (12%)
Uninsured/ Self Pay 3,718 (26%)
Unknown 1,853 (13%)
Medicaid FFS 2,364 (16%)

Patient Visits by Provider
(n=40 schools)

Provider Type	Number of Visits	Percent of Visits
Nurse Practitioner/Physician Assistant	10,154	41%
Registered Nurse/School Nurse*	6,984	28%
Mental Health Provider	4,756	19%
Substance Abuse Counselor	756	3%
All Other Providers**	2,131	9%
Total	**24,781**	**100%**

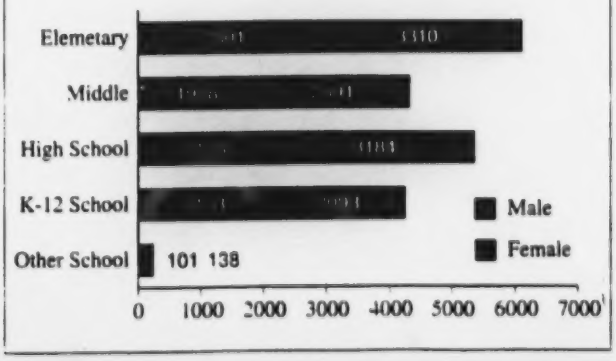
* Some SBHCs are co-located with the school nurse and report those visits as part of health center activity.

** Other Providers include but are not limited to: Physician, Health Educator, Dentist/Dental Hygienist, Nutritionist, Physician Health Trainee, Mental Health Trainee, Case Manager, Outreach Worker.

Patient Visits by Diagnosis
(n=37 schools)

Diagnosis	Number of Visits	Percent of Visits
Mental Health	6,217	25%
Health Supervision	3,615	15%
Pulmonary/Respiratory	2,108	9%
Injuries/Poisonings	1,765	7%
Ear/Nose/Throat	1,446	6%
Skin/Subcutaneous	1,098	4%
Vision/Hearing Screens	1,063	4%
Symptoms	885	4%
Reproductive Health Care	865	4%
Gastrointestinal	794	3%
All Other	4,537	19%
Total	**24,393**	**100%**

Patient Visits by School Type
(n=37 schools)



Patient Care Revenues
(n=21 schools)

Revenue Source	Billed	Collected
FFS: Medicaid	$70,640	$26,392
FFS: Private	14,911	10,032
FFS: Other	6,377	402
Managed Care: Medicaid	53,970	17,899
Managed Care: Private	69,260	36,460
Other (Self Pay)	17,032	75
Total	**$232,190**	**$91,260**

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Continued from page 2

the Children's Health Summit were United Way agencies, county social service departments, churches, local government, and non-profit organizations. They learned how the application process works, who is eligible, where to refer families who need help filling out the application, and what health care providers in the county take CHP+, explains Pepin. Many of the participants said that before the summit, they had heard about CHP+, but hadn't known where to refer families or how the enrollment process works.

SBHCs as CHIP Service Providers

Michigan is one of the states that are reimbursing SBHCs for the services they provide children enrolled in CHIP. The state has actively encouraged SBHC participation in CHIP, but this is not the case in every state. A 12-state HRSA-funded survey conducted by the National Adolescent Health Information Center found a mixed picture on this issue. For instance, six states leave the decision of allowing SBHCs to be CHIP providers to contracting health plans, five states are including SBHCs as essential community providers in CHIP networks, and two states are requiring CHIP managed care plans to contract with centers. A 1998 national survey of centers conducted by Making the Grade found that of the 45 states plus the District of Columbia that house centers, 28 reported taking specific measures to encourage SBHC participation in CHIP. John Schlitt, executive director of the National Assembly on School-Based Health Care (NASBHC) worries that the role of SBHCs as enrollers in some states eclipses the importance of SBHCs as service providers. "The vision of the school-based health centers as enrollers is a very narrow view," says Schlitt. "My concern from a policy perspective is what is the role of the centers in getting reimbursed (for services)."

In California, for example, school-based health centers have lost money in the shift from Medicaid fee-for-service to managed care. "SBHCs that provide services for children who are enrolled in mandatory Medicaid managed care or the state CHIP program can only be reimbursed for services if they have a contract with the designated MCOs, and such arrangements are rare," says Georgiana Coray, executive director of the California Association of School-Based/School-Linked Health Programs. "After the MCOs became the designated providers for California's Medicaid program many of the centers saw their patient revenues cut by 50 to 75 percent."

HRSA's Doris Barnette argues that reimbursement issues can be addressed only through educating state legislators and health officials. "It has got to happen at the state level," she says. "You are not going to get a federal mandate on this. The (states) should want you as providers. You are going to have to be dependent on grant funds, or you are going to have to tap into reimbursement."

Texas, where one in four children is uninsured, will have an operational CHIP program in July 2000. Meanwhile, school-based health centers in the state have been busy educating legislators about the importance of SBHCs as enrollers of children and providers of services. "We anticipate being a player in the field, and we will be aggressive pursuers of funding across Texas," says Jenni Jennings, executive director of Youth and Family Centers in the Dallas Public Schools and president of the Texas Association of School-Based Health Centers.

In New York State, officials have not yet reached an agreement with managed care providers about how to reimburse school-based health centers. "Everyone wants the centers to be part of the outreach program, but nothing is finalized about them as providers," says Linda Juszczak, Ph.D., president of the NASBHC and a nurse practitioner at the North Shore Long Island Jewish Health System. "The school-based health centers feel we have a critical role to play because even with insurance, a significant number of kids will not access health programs. We are going to continue to be their preferred service delivery site, and unless we get contracts with the state and with managed care providers, we will provide services without reimbursement." Up until now, the MCOs have argued that the state is not paying them enough for them to share their fees with the SBHCs, Juszczak says.

And Jennings notes that obtaining reimbursement for services under the CHIP program may not be the answer to a SBHC's money woes. "It is too early for us to determine the financial impact," says Jennings. "We are aware of the challenges and that the program will probably not cover the cost of providing services. But we care about the children having health insurance and having a provider, whether in the center or in the community. And if they can be enrolled and have a provider, we support that, regardless of who it is."

With a grant from HRSA's Bureau of Primary Care, the Colorado Association for School-Based Health Care has explored the impact of CHIP on the state's SBHCs. "Looking at two centers in Colorado that are actively pursuing reimbursement from insurance through CHP+ and other third party payers, we found that SBHCs at the most break even in expenses vs. income," says Pepin. "The consensus was that yes, it is important to get families enrolled in CHP+, but reimbursement does not compensate for all the expenses."

States vary in their acceptance of SBHCs as providers of services under CHIP, but they agree on their support of the centers as enrollers, according to Claire Brindis, co-author of *Adolescents and the State Child Health Insurance Program: Healthy Options for Meeting the Needs of Adolescents.* Brindis, who is executive director of the National Adolescent Health Information Center at the University of California, San Francisco, notes that "all 12 states in the study reported that they are engaging schools and health centers in their enrollment effort."

Making the Grade is a national grant program supported by The Robert Wood Johnson Foundation. Under this initiative, the Foundation has funded nine states to establish school-based health centers in local communities and to create state and local policies that support comprehensive care for children and adolescents.

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Making the Grade

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